

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 07/2024)				TRANSCRIPT ORDER Please use one form per court reporter. Please read instructions on next page. <u>CJA Counsel should NOT use this form.</u> CJA Counsel should request transcripts by submitting a AUTH24 in eVoucher.							COURT USE ONLY DU^E DATE:				
1a. CONTACT PERSON FOR THIS ORDER Louis Salazar				2a. CONTACT PHONE NUMBER (562) 745-8727				3. CONTACT EMAIL ADDRESS lsalazar@bsflp.com							
1b. ATTORNEY NAME (if different) Joshua Michelangelo Stein				2b. ATTORNEY PHONE NUMBER (415) 293-6813				3. ATTORNEY EMAIL ADDRESS jstein@bsflp.com							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Boies Schiller Flexner LLP 44 Montgomery Street, 41st Floor, San Francisco, CA 94104				5. CASE NAME In re: Social Media Adolescent Addiction							6. CASE NUMBER 4:22-md-03047				
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Debra Pas				8. THIS TRANSCRIPT ORDER IS FOR: <input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) CJA: <u>Do not use this form; use Form AUTH24 in eVoucher.</u>											
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DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION If requesting less than full hearing, specify portion (e.g. witness or time)	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
09/12/2024	PHK	Conf		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC: Please send the transcript to Louis Salazar lsalazar@bsflp.com and Joshua Stein jstein@bsflp.com										11. ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).					
11. SIGNATURE /s/ Louis Salazar										12. DATE 09/16/2024					

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